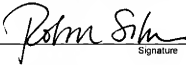


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 068269-5002US02	
Application Number 10/789,840		Filed: February 27, 2004	
For: <i>Magnetic resonance imaging agents for the delivery of therapeutic agents</i>			
Art Unit: 1618		Confirmation No: 8243	
		Examiner: SAMALA, Jagadishwar Rao	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$_____
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$_____
<input checked="" type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$ <u>555</u>
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$_____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$_____
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0310</u> . I have enclosed a duplicate copy of this sheet if filed by mail. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the <input type="checkbox"/>	applicant/inventor.		
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).		
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>38,304</u>		
<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 <u>38,304</u>		
 _____ Signature		<u>12/10/08</u> _____ Date	
Robin M. Silva, Reg. No. 38,304 <u>Under 37 CFR 1.34</u>		415 442 1000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/>	Total of <u>1</u>	form is submitted.	